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| --- | --- | --- | --- |
| Name of the school that will be represented at the GA: | |  | |
| Our school will be represented by | | |
| □ | A mandate holder | |
| □ | A proxy holder | |
|  | | |
| Name of mandate - or proxy holder: | |  | |
| Email of mandate - or proxy holder: | |  | |
| Name of Dean of School/Head of Faculty/Head of Department | |  | |
| Signature of Dean of School/Head of Faculty/Head of Department | |  | |
|  | | |

**Please note: there is ONE vote per EAAE member school according to the EAAE statutes.  
Individual and institutional members do NOT have votes.   
Member schools must designate a single representative.   
This form must be completed and signed if your school intends to vote either in person or by proxy. If you need assistance with finding an institution to hold your proxy letter,** **please contact the secretariat via** [**secretariat@eaae.be**](mailto:secretariat@eaae.be)

THANK YOU FOR SENDING THIS SIGNED FORM TO [secretariat@eaae.be](mailto:secretariat@eaae.be) BEFORE 22 AUGUST.